

the date shown below:

Typed or printed name

Vincent L. Carney

Signature

PTO/SB/21 (09-04)

PADEM	U.S. P	Approved for use through 07/31/2006. OMB 0651-0031 atent and Trademark Office; U.S. DEPARTMENT OF COMMERCE				
Under the Paperwork Reduction Act of 1995, no person	ons are required to respond to a colle Application Number	ection of information unless it displays a valid OMB control number. 10/607,080				
TRANSMITTAL	Filing Date	June 25, 2003				
FORM	First Named Inventor	Robert W. Allington				
	Art Unit	1723				
	Examiner Name	E. Therkorn				
(to be used for all correspondence after initial filing)	Attorney Docket Number					
Total Number of Pages in This Submission 41		18-529-8-1				
ENC	CLOSURES (Check all t	hat apply)				
Fee Transmittal Form Fee Attached \$300.00	Drawing(s) Licensing-related Papers	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences				
Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Ad Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information				
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT						
Firm Name Vincent L. Carney, Attorney for App	plicant					
Signature Veneral L. Carmy						
Printed name Vincent L. Carney						
Date June 14, 2005	June 14, 2005 Reg. No. 20,688					
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with						

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Date

June 14, 2005

sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

JUN 1 6 2005

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2006. OMB 0651-0032
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FEE TRANSMITTAL For FY 2005    Applicant claims small entity status. See 37 CFR 1.27	Effective on 12/08/2004.	Complete if Known					
For FY 2005    Applicant claims small entity status. See 37 CFR 1.27   Art Unit   1723	Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).	Application Number 10/60	7,080				
Applicant claims small entity status. See 37 CFR 1.27	FEE IKANSWIIIAL	Filing Date June	25, 2003				
Applicant claims small entity status. See 37 CFR 1.27  TOTAL AMOUNT OF PAYMENT  (\$) 300  Att Unit 1723  Attorney Docket No. 18-529-8-1  METHOD OF PAYMENT (check all that apply)    Check   Credit Card   Money Order   None   Other (please identify):	For FY 2005	First Named Inventor Robe	rt W. Allington				
TOTAL AMOUNT OF PAYMENT (\$) 300    Attorney Docket No.   18-529-8-1	The state of the s	Examiner Name E. Th	erkorn				
METHOD OF PAYMENT (check all that apply)    Check	<del></del>	Art Unit 1723					
Check	TOTAL AMOUNT OF PAYMENT (\$) 300	Attorney Docket No. 18-52	29-8-1				
Deposit Account   Deposit Account Number: 03-0778   Deposit Account Name: Vincent L. Carney	METHOD OF PAYMENT (check all that apply)						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Check Credit Card Money Order Non	ne Other (please identify):					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)    Charge fee(s) indicated below	Deposit Account Deposit Account Number: 03-0778	Deposit Account Name: Vi	ncent L. Carney				
Charge any additional fee(s) or underpayments of fee(s)  WARNING: Information on this form may become public. Credit card Information should not be Included on this form. Provide credit card Information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES Small Entity Application Type Fee (\$) Fee (\$	-	eby authorized to: (check all that a	apply)				
Credit any overpayments	Charge fee(s) indicated below	Charge fee(s) indicated	d below, except for the filing fee				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.    FEE CALCULATION		e(s) Credit any overpaymen	nts t.				
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1. BASIC FILING, SEARCH, AND EXAMINATION FEES    Filing FEES   Small Entity   Fee (\$)							
FILING FEES   Small Entity   Fee (\$)   Fee (		<del></del>					
Application Type   Fee (\$)   Fee (		CH FEES EXAMINATIO	ON FEES				
Utility 300 150 500 250 200 100  Design 200 100 100 50 130 65  Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Total Claims  Total Claims  Extra Claims  Fee (\$) Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20. Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE	Small Entity	Small Entity Sma	Il Entity				
Design 200 100 100 50 130 65  Plant 200 100 300 150 160 80  Reissue 300 150 500 250 600 300  Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Total Claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE							
Plant         200         100         300         150         160         80           Reissue         300         150         500         250         600         300           Provisional         200         100         0         0         0           2. EXCESS CLAIM FEES         Small Entity         Fee (\$)         Fee (\$)         Fee (\$)           Fee Description         Fee (\$)         Fee (\$)         Fee (\$)         Fee (\$)           Each claim over 20 (including Reissues)         200         100         360         180           Multiple dependent claims         360         180         Multiple Dependent Claims           Total Claims         Extra Claims         Fee (\$)         Fee Paid (\$)           HP = highest number of total claims paid for, if greater than 20.         Multiple Dependent Claims         Fee (\$)           HP = highest number of independent claims paid for, if greater than 3.         APPLICATION SIZE FEE         APPLICATION SIZE FEE							
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Provisional 200 100 0 0 0 0  2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)  Fee Paid (\$)							
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Total Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$)  Fee Paid (\$)  APPLICATION SIZE FEE							
Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE	2. EXCESS CLAIM FEES	•	•				
Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE							
Multiple dependent claims  Total Claims  Extra Claims  Fee (\$) Fee Paid (\$)  115 - 109 = 6 x 50 = 300  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims Fee (\$) Fee Paid (\$)  HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE							
Total Claims   Extra Claims   Fee (\$)   Fee Paid (\$)   Multiple Dependent Claims    115   109   = 6   x   50   = 300   Fee (\$)   Fee Paid (\$)    HP = highest number of total claims paid for, if greater than 20.  Indep. Claims   Extra Claims   Fee (\$)   Fee Paid (\$)    36   -27   = 0   x   200   = 0  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE							
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims		Paid (\$)					
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  36 - 37 = 0 x 200 = 0  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE	<u> </u>	300	Fee (\$) Fee Paid (\$)				
36 - 37 = 0 × 200 = 0  HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE		Doid (t)					
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE							
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer	HP = highest number of independent claims paid for, if greater than 3.						
	3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer						
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$)							
Other (e.g., late filing surcharge):							
	ignature Vincente 1 Curante F		Telephone 402-465-8808				
(Autority/Agent)	lame (Print/Type) Vincent L. Carney	Attorney/Agent) 25,000	<del></del>				

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Applicar	nt:	Robert W. Allington, et al.	)	Patent Application
			)	
		•	)	
Serial N	o:	10/607,080	).	Examiner: E. Therkorn
			)	
Filed	:	June 25, 2003	)	Group Art Unit: 1723
			)	
For `	:	SEPARATION SYSTEM,	)	Date: June 14, 2005
		COMPONENTS OF A SEPARATION	)	
		SYSTEM AND METHODS OF MAKING	)	
		AND USING THEM	)	
			_	

## **AMENDMENT**

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office action mailed February 10, 2005, in the above-identified case, please amend this application as follows: